

**APPLICATION FOR AN ON-SITE WASTEWATER TREATMENT SYSTEM PERMIT**  
**(PERMIT FEE IS NON-REFUNDABLE)**

Submit electronically to EH@douglas.co.us

APPLICATION TO: ☐ INSTALL (3010) ☐ EXPAND (3030) ☐ MAJOR REPAIR (3030) ☐ MINOR REPAIR (3035)

Application Date: \_\_\_\_\_

**ADDRESS OF PROPERTY SERVED BY PROPOSED SYSTEM**

Street Number: \_\_\_\_\_ Direction: \_\_\_\_\_ Street Name: \_\_\_\_\_

Street Type: (Ave, Dr, St) \_\_\_\_\_ Gate Code: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Assessor's Office Parcel Number (APN): \_\_\_\_\_

Lot Size (in Acres): \_\_\_\_\_

Legal Description (if no street address):

1/4 Sec \_\_\_\_\_ 1/4 Sec \_\_\_\_\_ Section \_\_\_\_\_ Township \_\_\_\_\_ Range \_\_\_\_\_ Lot \_\_\_\_\_ Block \_\_\_\_\_

Subdivision Name: \_\_\_\_\_

**Property Owner**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

**Applicant**☐ Same as Property Owner

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone1: \_\_\_\_\_

Phone2: \_\_\_\_\_

E-mail: \_\_\_\_\_

**PROPOSED FACILITY**☐ Single Family ☐ Multi-Family ☐ Commercial ☐ Other \_\_\_\_\_

Number of Bedrooms: \_\_\_\_\_

Are Additional Bedrooms Planned in the future? ☐ Yes ☐ No

(Continued on back)

**WATER AND SEWER INFORMATION**

Water Supply:

☐ Public Water System ☐ Other ☐ Unknown ☐ Private Well

Supplier Name (for Hauled or Public Water): \_\_\_\_\_

Is property within boundaries of a sewer district? ☐ Yes ☐ No

If yes, sewer district: \_\_\_\_\_

Is the property within 400 ft. of a sewer line? ☐ Yes ☐ NoIf yes, has waiver been received from the sewer/sanitation district? ☐ Yes ☐ No**PROPERTY MARKED (Inspection Info Only)**Is lot marked? ☐ Yes ☐ No      Soil profile test pits marked? ☐ Yes ☐ No**INSTALLER / ENGINEER INFORMATION**

System Installer: \_\_\_\_\_

Soils Evaluation Technician \_\_\_\_\_ Job #: \_\_\_\_\_

System Designer: \_\_\_\_\_ Job #: \_\_\_\_\_

**COMMERCIAL GENERAL INFORMATION (if applicable)** ☐ Section Not Applicable

Type of Business: \_\_\_\_\_ Number of Employees: \_\_\_\_\_

Design Flow  $\geq$  2,000 Gallons/Day ☐ Yes ☐ NoAre floor drains existing or proposed? ☐ Yes ☐ NoEPA Shallow Injection Well Inventory Request form completed? ☐ Yes ☐ No**APPLICANT'S SIGNATURE**

Applicant's Name (Print): \_\_\_\_\_

Applicant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**For Douglas County Internal Use:**Permit Fee Paid by: ☐ Property Owner ☐ Applicant ☐ Other: \_\_\_\_\_

Date Paid: \_\_\_\_\_ Received By: \_\_\_\_\_

Payment Type: ☐ Cash ☐ Check (# \_\_\_\_\_) ☐ Charge

Amount Paid \$ \_\_\_\_\_

## Directions to Property

- Please provide **CLEAR** concise directions from the nearest Douglas County Health Department office to the site.
- Please note the condition of the road and ANY difficulties accessing the site (i.e., Gate codes. If a four-wheel drive vehicle is needed, arrangements to meet the inspector may be necessary).
- Our staff hours are 8:00 AM – 5:00 PM Monday – Friday.
- If the inspector cannot find the lot, the area of test pits or perc holes and/or cannot identify them due to improper marking, this will result in a second site visit and an additional charge.

**By initialing the following you are confirming you understand the above statements:**

           The address or Lot # is CLEARLY marked

**Test pits or perc holes flagged or staked and easily identifiable**

**Gate Code (if applicable)**

This image shows a single sheet of white paper with horizontal blue or grey ruling lines. The lines are evenly spaced and run across the width of the page. There are approximately 20 lines visible. The paper has a slight shadow on its right side, suggesting it's resting on a surface.

11045 E. Lansing Circle, Suite 300, Englewood, CO 80112